Université d'Ottawa | **University of Ottawa**

Nomination of the Supervisor and Student Stipend – TMM Integrated Program

Return this form by email to TMM@uottawa.ca.

Student Identification

_____   _____   _____
FIRST NAME   LAST NAME   STUDENT NUMBER

Integrated Program

Level: ☐ M.Sc. ☐ Ph.D.   Program: ☐ BCH   ☐ CMM   ☐ MIC   ☐ NSC   Option: ☐ French Immersion

Minimum Guaranteed Stipend for TMM Students

- During the spring/summer term, students must be paid a stipend equivalent to the minimum guaranteed stipend of a graduate student (thesis option) in the Faculty of Medicine.

Supervisor's Commitment

By signing this form, you acknowledge that :

- You agree to maintain supervisor status during the full duration of the student's academic path at the undergraduate and graduate levels and provide an appropriate minimum amount stipend at the Faculty of Medicine.

Signatures

_____   _____   _____
STUDENT NAME   SIGNATURE (STUDENT)   DATE (YYYY-MM-DD)

_____   _____   _____
SUPERVISOR NAME   SIGNATURE (SUPERVISOR)   DATE (YYYY-MM-DD)

_____   _____   _____
UNDERGRADUATE PROGRAM DIRECTOR NAME   SIGNATURE (UNDERGRADUATE PROGRAM DIRECTOR)   DATE (YYYY-MM-DD)

_____   _____   _____
GRADUATE PROGRAM DIRECTOR NAME   SIGNATURE (GRADUATE PROGRAM DIRECTOR)   DATE (YYYY-MM-DD)

MMT/TMM-STEAM (F) 11/2023